

OS



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Public Health Service**  
**Centers for Disease Control and Prevention**  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
**Payable Agreements (CDC is Procuring Agency)**



1. CDC IAA #: (10 to 13 digits) 00FED05404- <del>21</del> 23	2. PARTICIPATING AGENCY IAA #: CPSC-IAG-01-1163	3. TYPE OF AGREEMENT <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Administrative Modification Number: <del>21</del> 23					
4. TITLE OF PROJECT: National Electronic Injury Surveillance System (NEISS) Second Screen for Self-Inflicted Violence							
5. DESCRIPTION OF WORK: (Please attach) See Attached		6. AMOUNT: (Not to exceed without written modification) \$ 50,000.00					
7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission 4330 East West Highway Bethesda, Maryland 20814-3724 DUNS # <del>178771713</del> 069287522		LIAISON NAME: Tom Schroeder PHONE #: (301) 504-7431 EMAIL ADDRESS: TSchroeder@cpsc.gov FAX #: (301) 504-0038					
8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: National Center for Injury Prevention and Control 4770 Buford Highway NE, MS-K59 Atlanta, Georgia 30341-3724 DUNS # 927645465		LIAISON NAME: Chester L. Pogostin PHONE #: (770) 488-4805 EMAIL ADDRESS: clp3@cdc.gov FAX #: (770) 488-1665					
9. PROJECT PERIOD: from: 10/01/2004 through: 09/30/2005		FUNDING PERIOD: from: 10/01/2004 through: 09/30/2005					
10. CDC AUTHORITY: <input checked="" type="checkbox"/> Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14) <input checked="" type="checkbox"/> Other (Please specify) <u>GDC DUNS # 927645465 CPSC DUNS # 069287522</u>							
11. PARTICIPATING AGENCY AUTHORITY:							
12. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC internal form 6012 - modified Document History Record)		APPROPRIATION NUMBER: 7550943					
T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC. REF. (For Accounting Use Only)	DOC. NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	O.C. (4 digits) (Required)	ALLOWANCE (5 digits) (For Budget Use Only)	\$ AMOUNT
050	05	214	00FED05404	5921 2807	25.3R	5-19477-03	\$50,000.00
						UFMS = 25330	
6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print) Chester L. Pogostin, DVM, MPA Deputy Director, Off. of Statistics and Programming NCIPC (Should not be the same as Block #18)						FMO BUDGET ANALYST SIGNATURE: 	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
Payable Agreements (CDC is Procuring Agency)



CDC IAA #: 00FED05404-~~21~~ 23

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: (required) 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

- ☒ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:

**DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.**

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

*(Please include name, telephone number, and email address of contact person.)*

Name:	Telephone #:	Email:
Linda Murr	(301) 504-0029	lmurr@cpsc.gov

16. ☒ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: Ileana Arias, Ph.D.

Title: Acting Director, NCIPC

Email address: Iarias@cdc.gov

Signature: *[Signature]*

Date: 5/23/05

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton

Title: Contracting Officer

Email address: dhutton@cpsc.gov

Signature: *[Signature]*

Date: 6/2/05

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN  
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)  
AND  
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
(00FED05404-~~24~~)  
23**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an addendum to the Interagency Agreement (number 00FED05404) between the Centers for Disease Control and Prevention and the U.S. Consumer Product Safety Commission covering the expansion of the National Electronic Injury Surveillance System (NEISS) to collect data on all injuries.

This addendum covers a special study entitled: “**The NEISS Second Screen on Self-inflicted Violence**” which is outlined below. Additional documentation is attached as Appendices.

**I. DESCRIPTION OF SERVICES**

**NEISS SECOND SCREEN ON SELF-INFLICTED VIOLENCE**

**Background:**

About 30,000 deaths in the US are due to suicide each year, but many more people harm themselves deliberately. During 2000, about 264,000 persons were treated in emergency departments (EDs) for non-fatal self-inflicted injury, yielding a rate of about 96 per 100,000 population (MMWR, May 24, 2002). Less is known about non-fatal self-harm. The NEISS–All Injury Program (NEISS-AIP) can play an important role in collecting information on cases of self-inflicted injury treated in EDs.

A second NEISS-AIP was developed by DVP to collect data on *Self-inflicted injury* (SII). The screen was implemented in all NEISS-AIP hospitals in June 2004. The SII screen provides data to:

- describe relevant risk factors among persons presenting to EDs for SII, in addition to what is available in the NEISS-AIP screen;
- identify substances used in self-harm poisonings presenting to NEISS hospitals;
- track the profile of such substances over time;
- act as an early warning system on emerging trends in regard to SII; and
- provide data on SII presenting to EDs to inform more in-depth studies.

**Purpose:**

This proposal concerns the extension of the data collection through the special screen on **self-inflicted injury** cases treated in US hospital EDs, through the NEISS-All Injury Program.

**Methods:**

- a. **Case definition:** Injury or poisoning resulting from a deliberate violent act on oneself with the intent to take one's life or to harm oneself, i.e. cases where 'Intent=2'.
- b. **Data collection:** Data will be collected on SII cases (as per case definition) from all NEISS hospitals participating in the All Injury Program. Data will be captured through the second SII screen and sent to CPSC according to the existing NEISS-AIP data collection protocols. Please see Appendix A for the content of the SII screen.
- c. **Schedule:** Data collection at the NEISS-AIP hospitals will be conducted from Oct 1, 2004 to Sept 30, 2005.

**II. DURATION OF AGREEMENT**

This agreement is approved from the date of signature for both agencies through Sept 30, 2005.

**III. ESTIMATED COSTS**

Estimated costs are \$50,000.

**IV. FUNDING**

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V).

**V. ACCOUNTING AND BILLING INFORMATION**

Funds for this project for FY2005 in the amount not to exceed \$50,000 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75090421	4610000010
Appropriation	7550943	05 PS EXOB 4310 11179 252e
CAN	5921 2807	
Object Class	25.3R	
Allowance	5-19477	
Amount	\$50,000	\$50,000
EIN No	58-6051157	52-0978750
US Treasury Code		6160100

When billing CDC through the OPAC system, CPSC will reference agreement number 00FED05404-~~X~~.

23

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO  
Attn: OPAC Desk  
1600 Clifton Road, MS D-06  
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Malinda Steenkamp, M.Phil.  
NCIPC, DVP (K60)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-4476

CPSC: Tom Schroeder  
CPSC  
4330 East West Highway, Rm 604D  
Bethesda, MD 20814-4408  
(301) 504-7431

X. BUDGET CONTACTS

CDC: Debbie Mathis  
NCIPC/OPMO (K62)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-4037

CPSC: Donna Hutton  
Contracting Officer, CPSC  
4330 East West Highway, Rm 517  
Bethesda, MD 20814-4408  
(301) 504-0444

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

## Appendix A

### CDC Division of Violence Prevention: Self-Inflicted Injury Screen

Content as on March 10, 2004

**These questions apply for all cases where Intent=2 (Intentionally self-inflicted)**

Hospital name, Case ID Number, Treatment date, Hosp ID Number, Patient's age

1. **Time of arrival at ED** (24 hour clock)
  
2. **How did the patient describe his/her intent to the staff, other people, or in a (suicide) note?**  
*(Please record most severe intent, e.g. intent to die before intent to harm oneself.)*
  - 'Intent to die' described
  - 'Intent to harm oneself' described
  - 'Intent to escape' described
  - Other intent described (e.g. intent to attract attention)  
Please specify \_\_\_\_\_
  - Intent unclear
  - No information
  
3. **How did the staff describe or diagnose the injury event?**  
*(Please record most severe diagnosis/description, e.g. attempt before gesture.)*
  - Suicide attempt
  - Suicide gesture
  - Self abusive behavior (including 'self mutilation')
  - Other  
Please specify \_\_\_\_\_
  - No diagnosis/Not described
  
4. **Were any of the listed risk factors mentioned in the ED notes?**  
*(Please check all risk factors mentioned.)*

Risk factor	Yes
One or more previous episodes of self-harm	
Depression	
Bipolar disorder	
Anxiety, panic attacks, post traumatic stress disorder	
Borderline personality disorder	
History of alcohol abuse	
History of other substance(s) abuse	
Other psychological/psychiatric problem, e.g. schizophrenia	
Other specified risk factor(s) (e.g. argument with loved one, abuse or neglect, death of a loved one, illness, money or legal problems, etc.)	
Please specify	

**5. Was alcohol used by the patient at the time of the injury event?**

- Yes
- Unsure
- Recorded 'No'
- No information

If available: BAC level \_\_\_\_\_

**6. Were recreational drugs (e.g. cocaine, heroin, marijuana, ecstasy) used by the patient at the time of the injury event?**

- Yes
- Unsure
- Recorded 'No'
- No information

**7. If the self-harm method was poisoning, please record up to four medications, drugs or substances taken by the patient.**

Name of substance involved	Amount taken (e.g. 20 tablets)
1.	
2.	
3.	
4.	

**8. If the patient was admitted or transferred, please specify where s/he went**

- Admitted/transferred to a medical/surgical ward/ICU of this/other hospital
- Admitted/transferred to a psychiatric ward or psychiatric inpatient facility
- Admitted/transferred to another type of facility
- Not recorded